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DATE: June 26, 2006
FAX #: 1-571-273-8300, Art Unit - 3637
TO: Examiner – Paul D. Devoti
FROM: Dianne Herring, Assistant to Michael Starkweather
RE: Response to Office Action due on July 5, 2006

Number of Pages including cover page:

Docket No. 3053.2.1 NP
Client Bryan Buchi
Serial No. 10/826,990 Filing Date 04/19/2004
Assignee/Mark _____
Date Faxed June 26, 2006

Please acknowledge receipt of:

- Amendment
- Application _____ Pages
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 - Cont.
 - Div.
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- Utility Total Claims _____ Indep Claims _____
- Drawings _____ Sheets _____ Figures
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- Request for Certification for Non-Publications
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- Response to Advisory Action – _____ PAGES
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- Extension of Time Petition _____ Months

ATTORNEY: MWS – 34,441

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

Application Number	10/826,990	RECEIVED	
Filing Date	04/19/2004	CENTRAL FAX CENTER	
First Named Inventor	Bryan Buchi	JUN 26 2006	
Art Unit	3637		
Examiner Name	Paul D. Devot		
Total Number of Pages in This Submission	11	Attorney Docket Number	3053.2.1 NP

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): — Fax Cover Form for OAR
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD. Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
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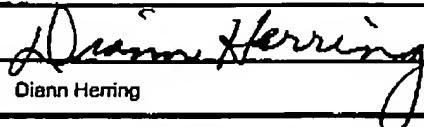
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Starkweather & Associates / Cust. # 48309		
Signature			
Printed name	Michael W. Starkweather		
Date	June 26, 2006	Reg. No.	34,441

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Typed or printed name

Diann Herring

Date

June 26, 2006

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PATENT APPLICATION
Docket No.: 3053.2.1 NP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):	Buchi, Bryan	
App. No.:	10/826,990	Art Unit: 3637
Filing Date:	19 April 2004	Examiner: Devoti, Paul D
For:	A WINDOW WELL LINER	

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

In response to the Examining Authorities Written Action, mailed 5 April 2006,
applicant respectfully submits the following amendments and remarks.